

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B1		01-11-01
O.I.P.E. CLASSIFIER		10	5-4-01
FORMALITY REVIEW	C1	7-5-03	05/14/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
12	✓	✓	✓
13	✓	✓	✓
14	✓	✓	✓
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Claim	Final	Original	Date
51	✓	✓	✓
52	✓	✓	✓
53	✓	✓	✓
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96	✓	✓	✓
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99	✓	✓	✓
100	✓	✓	✓

Claim	Final	Original	Date
101	✓	✓	✓
102	✓	✓	✓
103	✓	✓	✓
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144	✓	✓	✓
145	✓	✓	✓
146	✓	✓	✓
147	✓	✓	✓
148	✓	✓	✓
149	✓	✓	✓
150	✓	✓	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

1005-1-50